MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

3650

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-	0 1
COUNTY Ce C// MARYLAND	STATE med. COUNTY	CECIL
CITY (If outside corporate limits, write RURAL and CENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ADJAN HOSPIFAL	STREET (If rural give location) ADDRESS OLLINS AVE	
3. NAME OF DECEASED (Type or Print) ABCAAAM AD	(Last) 4. DATE (Month) OF DEATH CANL 3:	(Day) (Year) 19.5
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE iast birthday If under Months yrs.	I year If under 24 hrs. Days Hours Min.
10a. USOAL OCCUPATION (Give kind of work done duffing most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Hospital Records.	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Aculi Car	diac dilatation	5 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS	al Voscular	
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Man 3	, 1957, to afr 3, 1957, that I last sa	aw the deceased
alive on afr. 3, 19, and that death occurred at	ADDRESS Elition Wed	ted above. DATE SIGNED
REMOVAL (Specity) (Ipr 5/51 COUNTY B	RY OR CREMATORY LOCATION (City, town, or county	d
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. April 5 The Jensey	24. FUNERAL DIRECTOR	ADDRESS
	200	560



3651

CERTIFICATE OF DEATH

	CERTIFICAT	TE OF DEAT	'H Reg.	Dist. No. 92
1. PLACE OF DEATH-	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASE	COUNTY Ceril
CITY (If outside corporate limits, write RU) OR give nearest fown TOWN	RAL and LENGTH OF STAY (in this place)	TOWN Re	ataut	AL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	4	STREET ADDRESS	(If rural, give li	ocation) 5 4
3. NAME OF DECEASED (First) (Type or Print)	(Middle) Cle	audler	OF DEATH OF	onth) (Day) (Year)
5. SEX FI COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH CLESTO-1876	9. AGE last birthday 76 yrs.	If under 1 year If under 24 hrs Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of workdone during most of rorking life, even if retired)	c 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME	Brown	14. MOTHER'S MAIDEN	Lastle	ac
15. Was DECRASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If year, give war or dates	88? 16. SOCIAL SECURITY No.	17. INFORMANT AND HUS Ralple Ly	ADDRESS	elsten RD 4
I. DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CE	ERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Uremia		re the constant and the good of the constant	1day
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	Cerebral 4	hombosis		1 th
13. (c) stating the underlying cause last (c). II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing de	eth.	ula rena		
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
SUICIDE	ACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (C	COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CURT	
22. I hereby certify that I attended t alive on	he deceased from O	11 A	¥.	e date stated above. DATE SIGNED
23. BURIAL GREMATION DATE REMOVAL (Specify)	NAME OF CEMETE	ERY OR CREMATORY	LOCATION (City, tow	n, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'	S SIGNATURE	24. FUNERAL DIRECT	Calvas	ADDRESS
REGupri6 F	11 trage	1 88,5.4	ores the	east out

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



3652

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

eg. Dist. No. 92

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Cecil MARYLAND	STATE Manufand COUNTY Cerif
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town Claton (in this place)	TOWN Kural - 6 leton
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR	ADDRESS P. W. # 5
STREET ADDRESS 6 LECTON Transporter	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Louras Tay	Curry DEATH apr. 30 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH 9. AGE last birthday If under 1 year fif under 24 hrs.
Male White WIDOWED, DIVORCED (Specify) Wil document	Dec. 16 1888 62 yrs. Months. Days Hours Min.
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
day devide most of variety life even if retired) Innerery	COUNTRY?
12. FATHER'S NAME / Taclory	14. MOTHER'S MAIDEN NAME
13. PATHIACS NAME	NAME / TO
chas. Inomas curry	Dusaw amanda Movery
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS
Pro service)	Mrs. Mary Cinn Schwerel
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
I. DISPLASES OR CONDITIONS DIRECTED EMPLOYED	0
Immediate cause (a) Cerebra Vysc	mor eccept ours
Intimediate cause	
Antecedent cause(s)	and you
Diseases or conditions, if any, (b)	
giving rise to the above cause	**************************************
stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	A 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
IVAL DATE OF OTBIALION	20. A010FS11
The Additional Control of the Additional Con	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
T	
22. I hereby certify that I attended the deceased from	1951, to 7,017, 195, that I last saw the deceased
Ah 122 2051 2011	7450
	ADDRESS DATE SIGNED
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
To all hattering 11 G.D	T/30/51
23. BURIAL, OREMATION DATE / NAME OF CEMETER	RY OR CREMATORY LOCAPION (City, town, excounty) (State)
ZREMOVAL (Specify)	The state of the s
Julias May 4, 173 1 Johnson	V VIII COLOR
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24 JUNERAL DIRECTOR ADDRESS
May 2 1/1 Trager	1. 11 a dison / Michell
	Harride Grece MA. Committee
	July 1999

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



PLEASE

Correct age

MARYLAND STATE DEPARTMENT OF HEALTH

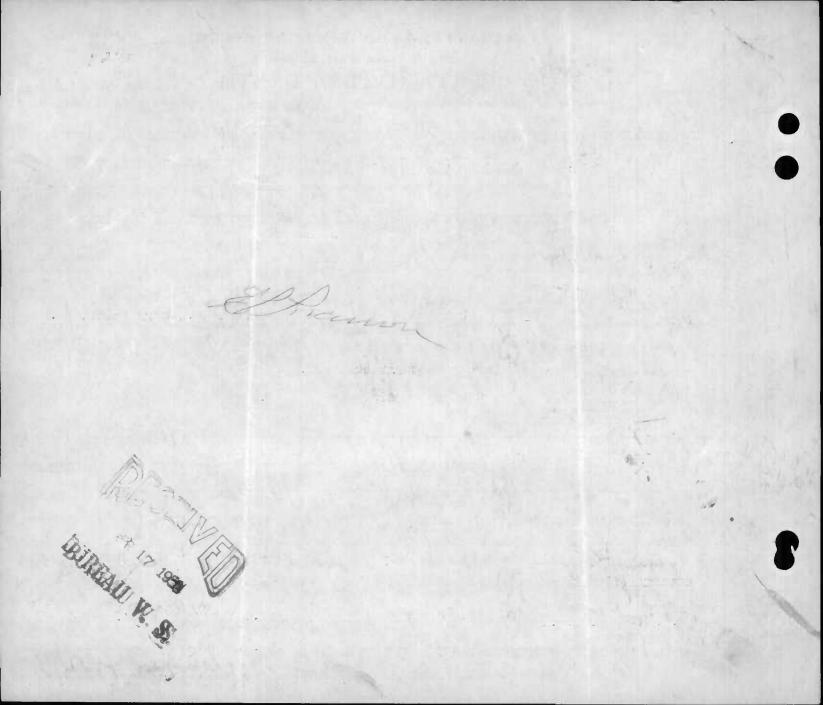
2411 N. Charles Street, Baltimore

DEPARTMENT OF HEALTH 3653

CERTIFICATE OF DEATH

Reg. Dist. No. 96

J. PLACE OF DEATH	4.		2. USUAL RESIDENCE (F		
COUNTY CECI	L	MARYLAND	STATE MARYLAN	ID DORCHE	TER
TOWN give nearest	orporate limits, write RUR.	AL and LENGTH OF STAY (in this place) DAY	CITY (If outside corpora OR TOWN VIE	te limite, write RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS		nistration Hospit	1 ADDRESS None	(If rural, give location	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	HARLEY	W.	DAVENPORT	DEATH APRIL	14 19 51
5. SEX MALE	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH 12–14–1905	9. AGE last birthday If und Mont	ler I year If under 24 hra hs Days Hours Min.
10a. USUAL OCCUPA done during most of w Barber	ATION (Give kind of work rorking life, even if retired)	10b. KIND OF BUSINESS OR LADUSTRY	Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME	000
	avenport		Mattie Will	.ey	
15. WAS DECRASED EV (Yes, no, or unknown) Yes	ER IN U.S. ARMED FORCES (If yes, give war or dates of service)	7 16. SOCIAL SECURITY No. Unknown	Hospital Record	ADDRESS Is, VAH., Perry Po	int, Md.
		18. MEDICAL CE			
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate	e cause (a)	Cerebrovascular a	ccident.		
331X Anteceder	it cause(s)	Asah and and and			
	conditions, if any, (b)	Arteriosclerosis,	generalized.		**************************************
of our stating the u	nderlying cause last				
	(e)				
II. OTHER SIGNIFI Conditions contributed to the disease	CANT CONDITIONS ting to the death but not se or condition causing deat	h		,	
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No K
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR T	OWN) (COUNT	Y) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?	
22. I hereby certi	VA fy that attended the	e deceased from July 7	, 19.50, to April.	14, 19.51., that Adas	saw the deceased
SIGNATURE	Andrew all	d that death occurred at.1((Degree or title)	ADDRESS	causes and on the date	DATE SIGNED
O POLIT	Herry 8	hief, Professional		Perry Point .Md.	4-15-51
REMOVAL (Spec	ATION TOATS THEREO	Vienna Cemeter		ienna. Md.	unty) (State)
DATE REC'D BY I	LOCAL REGISTRAR'S	SIGNATURE	24. EUNERAL DIRECTO	Alver Pla	ADDRES LL
March	5-51 June E	. Tomas coly	THE	uning no	The state



VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3654

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATE	4.		2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY	Cecil	MARYLAND	STATE District	of Columbia COUNTY	Y
CITY (If outside co	orporate limits, write RUR.	AL and LENGTH OF STAY	CITY (If outside corpor	ate limits, write RURAL and give	re nearest town)
OR give nearest	town) Perry Poi	nt 10 mo. 13 day	OR Washi	ngton	
HOSPITAL OR			STREET	(If rural, give location)	
INSTITUTION OF STREET ADDRESS	ss veterans Adm	inistration Hospit	lal ADDRESS 158 H	eckman Street, S.	E. V
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	WILLIAM		DUNCAN	DEATH APPLL	7 19 5]
6. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED	s. DATE OF BIRTH February 7,1890	9. AGE last birthday If under Months	Days If under 24 hrs. Hours Min.
102. USUAL OCCUPA	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	South Carol	or foreign country) 12	CITIZEN OF WHAT
13. FATHER'S NAM			14. MOTHER'S MAIDEN		ODA
		ncan - Deceased	Gewanna Whi	te - Deceased	
15. WAS DECRASED EV	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND		
Yes	(If yes, give war or dates (service)	" 1870152	Hospital Recor	ds, VAH, Perry Poi	nt, Md.
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	ACCOUNT OF THE PARTY OF THE PAR		INTERVAL BETWEEN ONSET AND DEATH
		Unomio umamio o	oisonins		
Immediate	e cause (a)	Uremia, uremic p	orgoning		2 1 20 2 10 2 1 10 10 10 1 2 A 1 5 1 0 1 10 10 10 10 10 10 10 10 10 10 10
	it cause(s)	Pneumonia, bronc	hial hilateral		
Diseases or o	conditions, if any, (b)	Pyelonephritis,		colly sheept	
13300 stating the u	nderlying cause last		reit, with surgi	carry absent	
		right kidney			1
Conditions contribu	CANT CONDITIONS uting to the death but not	Prostatic hyper Arteriosclerosi	trophy, benign	noderate	a III da ii a
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION	S generalized, n	oderace	20. AUTOPSY?
	na 100				Yes 🕮 No 🗆
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street.	: (CITY OR 7	TOWN) (COUNTY)	(STATE)
SUICIDE HOMICIDE	OF INJU	office bidg., etc.)			
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?	
INJURY	m,	Work At work	1		
22. I hereby certi	ify that attended he	e deceased from May 25	5, 19.50., to April	'/, 19.51xtbatciclastics	becombined
30000000000000000000000000000000000000	CECOCOMPOX. an	d that death occurred at	2:50 p m. from the	causes and on the date at	ated shove
SIGNATURE	1	(Degree or title)	ADDRESS		DATE SIGNED
	1 aco				· .
E.P. BRANNO	ATION DATE THERE	Professional Serv	Tices VAH. Perry	Point Md. COATION (City, town, or count	4-9-51
REMOVAL (Speci	ify) 4-9-51	Unknow		and the same of th	
DATE REC'D BY		SIGNATURE	24. EVERAL DIRECTO	Lancaster, South	Carolina
REG. ahril 9.	-51 6	E Dang furto	June	retu da	
- June 1	- Agent	1 - 1-	PENNINGTON & S	ON Alavre de Grac	2 1/1
				on, mavie de Grac	e, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

- 1200	93/
Reg. Dist. No.	

1. PLACE OF DEATH COUNTY	H. Caril		2. USUAL RESIDENCE (IOME) OF DECEASED. COUN'	ry Conil
CITY (If outside coor give nearest	orporate limits, write RUR.	MARYLAND AL and LENGTH OF STAY (In this place)	CITY (If outside corpor OR TOWN	ate limits, write RURAL and g	rive nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R 7.	Hospital	STREET ADDRESS / 0 2	forth f	
3. NAME OF DECEASED (Type or Print)	(First) John	(Middle)	Fard	4. DATE (Month) OF DEATH	(Day) (Year) /5 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	s. DATE OF BIRTH	/ 6 yrs.	s. Days Hours Min.
done during most of	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR THOUSTRY	Bolling!	morphond	12. CITIZEN OF WHAT COUNTRY?
13. PATHER'S NAM	Fr frag	d	14. MOTHER'S MAIDEN	Thastean	0 0
Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If year, give war or dates of service)	? 16. SOCIAL SECURITY NO.	me Blonch B	address 3132 owlesly Botts	inne, ma
I, DISEASES OR CO	ONDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH	RTIFICATION	0	INTERVAL BETWEEN ONSET AND DEATH
Immediat	e cause (a)	lhemia	Mad **** **		2 doup
Diseases or giving rise t	nt cause(s) conditions, if any, (b)	Amyoundity ?	clacing	tim	Zweeks
II. OTHER SIGNIFICONDITIONS	inderlying cause last (c) ICANT CONDITIONS uting to the death but not use or condition causing deat	h.	المناسخ	######################################	Culvan
		FINDINGS OF OPERATION			20. AUTOPSY? Yes No No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	rown) (COUNT)	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby cert	ify that I attended the	e deceased from January	, 195 , to 15 ap	I, 19 5 that I last	saw the deceased
SIGNATURE	weel Aku	d that death occurred at	ADDRESS P.m., from the	causes and on the date s	stated above. DATE SIGNED Uffine 1981
23. BURIAL, CREM	city) Gral 1	9/51 Elfeton		LOCATION (City, town, or cou	
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	An aller	ADDRESS W, Mil
					2





Do Doctor

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3656 Reg. Dist. No.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY	STATE Md. COUNTY Ces	il
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest	town)
OR give nearest town)	TOWN Elplan and	
HOSPITAL OR	STREET (If rural give location)	
INSTITUTION OR STREET ADDRESS Union Wospital	ADDRESS 218 E. Main St.	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) Thomas R.	Freeman DEATH april 20.	1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If	under 24 hrs.
Middle Widowed, Divorced, (Specify) marking	Dec. 29 1865 85 VIS. Months Days H	ours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN	OF WHAT
done during most of working life, even if retired) INDUSTRY,	Country?	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	2.4.
Wan R L	Oce WALLER WANTE	
1 = 0: ruman	Mary Lane	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT	
service 2/7-24-9930	This homes tellman	
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		L BETWEEN
(i o o	0 1 1 0 1 1	/
Immediate cause (a)	ardise Matolian /	
	0	_
Antecedent cause(s)		4.
	Ludo Condita /J	par
Diseases or conditions, if any, giving rise to the above cause	Indo Condition /J	par
Diseases or conditions, If any, (b)	Indo Condition /3	Ti
Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last (c)	Indocardition /3	Ju
Diseases or conditions, If any, (b) // Signification of the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS	Interstitud Rephietes 10	Jan.
Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last (c)	Interstitud Rephristis 10	Ju.
Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Interstitud Rephritis 10	Jun TOPSY!
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	Yes [
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.)	Yes [No 🗗
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (ST	No 🗗
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) SUICIDE OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	Yes [No 🗗
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	Yes C (CITY OR TOWN) (COUNTY) (ST	No 🗗
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work I at work I	(CITY OR TOWN) (COUNTY) (ST	No P
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) SUICIDE OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY While at Not While work At work 22. I hereby certify that I attended the deceased from	HOW DID INJURY OCCUR? 19.75, to Au. 20, 19.51, that I last saw the	No PATE)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT Specify PLACE (Home, farm, factory, street, OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY While at Not While work At work At work 22. I hereby certify that I attended the deceased from	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19.75, to A. 20, 19.51, that I last saw the course and on the date stated about the course are considered.	No PATE)
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Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 3	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19.75, to A. 20, 19.51, that I last saw the course and on the date stated about the course are considered.	No PATE)
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BUREAU V. S.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

36573/ Reg. Dist. No....

I. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside copporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS
3. NAME OF (First) (Middle) (Cype or Print)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH (year) 3 1957
5. SEX OF GOLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 brs. Mbry 20 / 1870 9. AGE last birthday Months Days Hours Min.
10a. USUAL ØCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry 10c. Kind of Business or Industry	11. BIRTHPIACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME O. Gibbo	14. MOTHER'S MAIDEN NAME
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of service)	Howard Gills.
18. MEDICAL CEI	CTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Immediate cause (a) Cesebral	femonlye 7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Pyen
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Mach. 2	
alive on and alive on 19.5. and that death occurred at	
//600	24,52. (49h51, Elhte, Md. 49/7/51
REMOVAL (Specify) Comil. & Many	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DURISCTOR ADDRESS CHETON Plus



3658

CERTIFICATE OF DEATH

		CERTIFICAT	E OF DEA	IH Reg. I	Dist. No
1. PLACE OF DEAT	LH.		2. USUAL RESIDENCE	(HOME) OF DECEASED	
COUNTY	Conil	MARYLAND	STATE Md		COUNTY Ceril
CITY (If outside OR give neare TOWN	corporate limits, write RUF	tal and LENGTH OF STAY (in this place)	CITY (If outside corp OR TOWN	orate limits, write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION (STREET ADDR	OR 242 9V. 7	Main St	STREET	(If rural give foc	ation)
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Mo	nth) (Day) (Year)
DECEASED (Type or Print)	Benjamin	2. 9	Hitchens	OF DEATH Ch	il 25 195
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year If under 24 hr Months Days Hours Mio.
	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stat		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	ME	devel of the	14. MOTHER'S MAIDE	N NAME	12.2.4
Re-	1- 0	titahena	anna	mc of	
15. WAS DECEASED	EVER IN U.S. ARMED FORCE		17. INFORMANT	11/ 9/1	ady.
(Yes, no, or uoknown	(If yes, give war or dates service)	01 219-10-6020	Richard	1, Ot tale	
		18. MEDICAL CE	RTIFICATION		2220
I. DISEASES OR C	CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
21 220000000000000000000000000000000000			1 - 1	4	ORSEL AND DEATE
Immedi	ate cause (a)	gent Can	diac dila	lellow	10 mm
Diseases of giving rise	ent cause(s) r conditions, if any, to the above cause ounderlying cause last	Cardio remo	el voien	lav	10 years
stating the	underlying cause has				
Cooditions cootri	FICANT CONDITIONS buting to the death hut oot ease or coodition causing dea	th. Bronchi	ul asthing		
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, etreet, office bidg., etc.)	(CITY OF	TOWN) (Co	OUNTY) (STATE)
TIME (Month) OF INJURY) (Day) (Year) (Hour) m,	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?	
			2= 21	1 -	
22. I hereby cer	tify that I attended th	e deceased from	, 1923, to Upr	125 195/ that 1	last saw the deceased
		d that death occurred at			
SIGNATURE	A	(Degree or title)	ADDRESS		DATE SIGNED
	//ecbent Bo	tes Ms.	Elkton 2	nd	apri 26-193
23. BURIAL CREA	ecify) 41/20	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town,	or county) (State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	FOR	ADDRESS
RECEPT	27 1	Trager	H.WPike	n 2 8001	Elkton Md.

The correct age -

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15 PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3659

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNT	Y Coal
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
OR give nearest town) Elkton (in this place)	TOWN Warming	
HOSPITAL OR	STREET (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Horpital	ADDRESS	
3. NAME OF (First), (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) LILLIAN	MISON DEATH WILL	11- 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under Months.	1 year If under 24 hrs. Days Hours Min.
Thurse While (Specify) Widowid	1 32/1 2-1814 16 yrs. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business on Industry	Delouse (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
llenkun	under	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS	
service)	Hospital records	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Labor An	commence :	2000
Immediate cause (a)	***************************************	
UUD / Antecedent cause(s)	1	
Diseases or conditions, if any, (b)	I varela	** ** ** ** ******************
giving rise to the above cause stating the underlying cause last		
IL OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSYT
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
4/9	4/4	
22. I hereby certify that I attended the deceased from	, 19.4, to	saw the deceased
alive on t/ 11 , 1957, and that death occurred at	m., from the causes and on the date st	tated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Herbert Bales M.D.	Elkion my	4/12/5-1
23. BURIAL, CREMATION DATE REMOVAL (Specify) Open 14 ft 5	RY OR CREMATORY LOCATION (City, town, or coun	ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
RECiprol 13 FK Trager	Marine Parille Malli	Lam DEL

REGETY BUREAU V. S.

CERTIFICATE OF DEATH

3660

Reg. Dist. No.

The con WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE VS. A15

1. PLACE OF DEATH			2. USUAL RESIDENCE (I		COTTNE	Y
	Cecil	MARYLAND	Washir	gton, D.C	•	
CITY (If outside c OR give nearest TOWN	orporate limits, write RUR. town) Perry Poin	(in this piace)	CITY (If outside corpore OR TOWN Washingt	on	URAL and gi	ve nearest town)
HOSPITAL OR	Ferry Porn	t o days	STREET	(If rural, gi	ve iocation)	
INSTITUTION OF	R SS		ADDRESS 1928 U.	P1., SE,		s- 1
3. NAME OF	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day) (Ye
DECEASED (Type or Print)	Darrell	E. H	JOHNSON	OF DEATH	April	28 19
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH			1 year ilf under 24
Male	White	WIDOWED DIVORCED, (Specify) Married	9-7-21	20	TE. Months	21 Hours A
	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of			2. CITIZEN OF WI
done during most of v	vorking life, even if retired)	INDUSTRY	Sacramento, Cal			COUNTRY? USA
13. FATHER'S NAM	Unk nown	Unknown	1 14. MOTHER'S MAIDEN			0.076
		1 = 1 :	Martha Elizabe			
Victor Fran						
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	17. INFORMANT AND			
Yes	(If yes, give war or dates of service) WW-11	1578-38-1597	Hospital Recor	ds, VAH,	Perry P	oint, Md.
		18. MEDICAL CE	RTIFICATION			1
T DIGENGES AD CO	ONDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND DE
I, DISHAGES OF O	DINDING DANGER					Onder And Da
Townsdie	(a) U	remia, Uremic Poi	soning			1 Month
Immediat	e cause	and the second section of the section of	mine, special confine color, no per reconstruction specially	***************		ou -course ou no birdle at 4 Eugenesigness
	nt cause(s)	the continue to the continue of	- manualan Danal	D4	1	Trulam
2 Diseases or	conditions, if any, (b)	ypertensive Cardi	o-vascular Renal	Disease		Unknown
3/a Diseases or giving rise t	nt cause(s) conditions, if any, the above cause anderlying cause last	ypertensive Cardi	o-vascular Renal	Disease	1	Unknown
3/a Diseases or giving rise t	conditions, if any, (b) the above cause underlying cause last	ypertensive Cardi	o-vascular Renal	Disease	1	Unknown
Diseases or giving rise t stating the u	conditions, if any, (b)	ypertensive Cardi	o-vascular Renal	<u>Disease</u>	1	Unknown
Diseases or giving rise to stating the u	conditions, if any, (b)		o-vascular Renal	Disease	1	Unknown
Diseases or giving rise t stating the u 11. OTHER SIGNIFI Conditions contributed to the disease	conditions, if any, (b)	h.	o-vascular Renal	. Disease	1	
Diseases or giving rise to stating the unit of the stating the unit of the stating the sta	conditions, if any, (b)				-	20. AUTOPSY
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Diseases or giving rise to starting the starting the starting the to starting the starting	conditions, if any, o the above cause underlying cause last (c) ICANT CONDITIONS uting to the death but not use or condition causing death RATION 19b. MAJOR 1 (Specify) PLA OF INJI (Day) (Year) (Hour) m.	h. FINDINGS OF OPERATION CE (Home, farm, factory, street, office bidg., etc.) INJURY OCCURRED While at Not While Work At work e deceased from April d that death occurred at (Degree or title) Acting Chief, Pro	HOW DID INJURY OC 20, 19.51, to April 6:08 A.m., from the ADDRESS fessional Service	CUR? 28, 19.51., xt causes and on	the date st	20. AUTOPSYS Yes No) (STATE) EXECUTE ASSESSED Atted above. DATE SIGNE int, Md.
Diseases or giving rise to stating the unit of the stating the unit of the uni	conditions, if any, o the above cause underlying cause last (c) ICANT CONDITIONS utility to the death but not use or condition causing deat RATION 19b. MAJOR 1 (Specify) PLA OF INJUDITY (Day) (Year) (Hour) m.	h. FINDINGS OF OPERATION CE (Home, farm, factory, street, office bidg., etc.) INJURY OCCURRED While at Not While Work At work e deceased from April d that death occurred at (Degree or title) Acting Chief, Pro	HOW DID INJURY OC 20, 19.51, to April 6:08 A.m., from the	CUR? 28, 19.51., xt causes and on	the date st	20. AUTOPSYS Yes No) (STATE) EXECUTE ASSESSED Atted above. DATE SIGNE int, Md.
Diseases or giving rise to stating the training the training the training the training rise to stating the training rise to the disease of th	conditions, if any, o the above cause underlying cause last (c) ICANT CONDITIONS uting to the death but not use or condition causing deat RATION 19b. MAJOR 1 (Specify) PLA-OF INJU (Day) (Year) (Hour) m.	h. FINDINGS OF OPERATION CE (Home, farm, factory, street, office bidg., etc.) RY INJURY OCCURRED Work At work e deceased from April d that death occurred at (Degree or title) Acting Chief, Pro NAME OF CEMETE	HOW DID INJURY OC. 20, 19.51, to April. 6:08. A.m., from the ADDRESS fessional Service and Company of the April of the A	COWN) CURT 28, 19.51, xt causes and on ces, VAH P. COCATION (City.	the date sterry Potown, or coun	20. AUTOPSYTY Yes No (STATE) (STATE) HANGE ABOVE. DATE SIGNE int, Md.
Diseases or giving rise to stating the unitary	conditions, if any, o the above cause underlying cause last (c) ICANT CONDITIONS uting to the death but not use or condition causing deat (CATION 19b. MAJOR 19b. MAJOR 19b. (Specify) (Day) (Year) (Hour) (Day) (Year) (Hour) (Arrion) (ATE THERE (My))	h. FINDINGS OF OPERATION CE (Home, farm, factory, street, office bidg., etc.) RY INJURY OCCURRED Work At work e deceased from April d that death occurred at (Degree or title) Acting Chief, Pro NAME OF CEMETE	HOW DID INJURY OC 20, 19.51, to April 6:08 A.m., from the ADDRESS fessional Service	COWN) CURT 28, 19.51, xt causes and on ces, VAH P. COCATION (City.	the date sterry Potown, or coun	20. AUTOPSYTY Yes No (STATE) (STATE) HANGE ABOVE. DATE SIGNE int, Md.

Willie Oppler Grene Daugherty

BUREAU V. S.

. 4075

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	FOR MEDICAL	EXAMINERS	Re	g. Dist. No	75
1. PLACE OF BEATH- COUNTY CECH	MARYLAND	2. USUAL RESIDENCE OF STATE	•	COLONIO	evil
CITY (If outside corporate limits, write RUR OR give reflectiown) TOWN	Thurse this class	CITY (If outside corpore	no/	luc	nearest town)
CITY (If outside corporate limits, write RUR OR give reflections) HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF DECEASED (Type or Print) 5. SEX 6. COLOR OR RACE 10a. USUAL OCCUPATION (Glyckind of work done during most of working life, eyen prefixed)		STREET ADDRESS	(If rural, giv	e location)	
3. NAME OF DECEASED (First) (Type or Print) + O K	(Middle)	JONES .	OF DEATH	4	(Day) (Year) 13 1957
6. COUR OR RACE	7. SINGLE, MARRIED, WILDOWED, DIVORCED,	5-2 4-1884	66 yr	B. Months I	year If under 24 brs. Daya Hours Min.
done during most of working life even frethed	100 King of Business or Indistry hackma	11. BIRTHPLACE (State of	unfo!		CITIZEN OF WHAT
13. FATHER'S NAME	Jones.	MOTHER'S MAIDEN	you	rate	on
15. Was DECEASED EVER IN U.S. Armed Forces (Yes, no, of unknown) (If yes, give war or dates	01 717-07-5689	Downar	164	one	S.
I. DISEASES OR CONDITIONS DIRECTLY	IS. MEDICAL CER	RTIFICATION	,		INTERVAL BETWEEN ONSET AND DEATE
Immediate cause	Carle 60	ronary	direc	ese	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	***************************************				6 day 68 67 - Amin's 1970 (1970 1970 1970 1970 1970 1970 1970 1970
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	•				
related to the disease or condition causing dea 19a. DATE OF OPERATION 19b. MAJOR			17	Í	Yes No A
PRIMARY GOR CONTRIBUTING GOF	ACE (Home, farm, factory, street, office hidg., etc.)	(CITY OR	TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not while work □ at work □	HOW DID INJURY OC	CCUR?		
CAUSE OF DEATH. INJ TIME (Month) (Day) (Year) (Hour) OF INJURY m. 22. I certify that I took charge of the reme obtained by said Autopsy, Inspection of from: natural causes [X], accident [I]	or Inquiry, find that said deced	ised died on the dry state], Inquiry [] the	nereon and fruth in my o	om the evidence pinion resulted
Klibockon,	WW Om E	Wiking	Sun	nd.	J-14-57
23. BURIAL, CREMATION DATE THERE	NAME OF CEMETER	20 CREMATORY	LOCATION (City,	own, or county	(State)

age

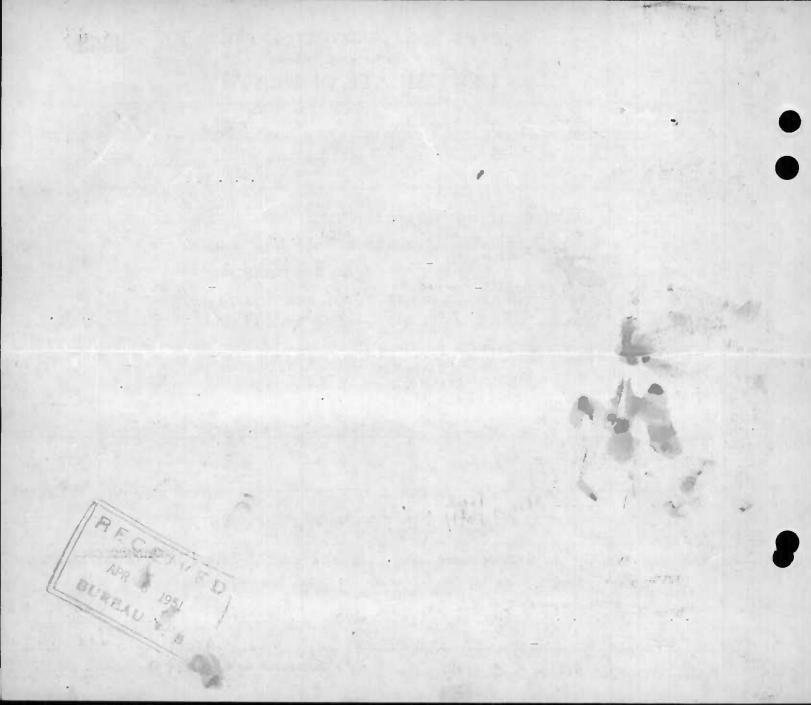
RUMAU Y S

.-19

CERTIFICATE OF DEATH

Reg. Dist. No. 96

/					
1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY		
	Cecil	MARYLAND	ll vir		
CITY (If outside c	orporate limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corpor	ad give nearest town)	
TOWN	town) Perry Poin	it Imo 22 days	TOWN Ale	xandria	
HOSPITAL OR			STREET	(If rural, give location	on)
STREET ADDRE	ss Veterans Admi	inistration Hospit	al ADDRESS R.F	.D. #2, Box 16	V
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	ALOYSIUS	P.	LEONARD	OF Apri	1 3 19 51
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE isst birthday If u	inder I year [If under 24 hrs.
Male	White	WIDOWED, DIVORCED, (Specify) Single	July 15,1895	55 yrs. Mo	ntha Days Hours Min.
10a. USUAL OCCUP.	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
done during most of v	vorking life, even if retired)	INDUSTRY	New York		GOUNTRY?
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN		
	Joseph Leonard	- Deceased	Marcelle Kan		
	VER IN U.S. ARMED FORCES (If yes, give war or dates		17. INFORMANT AND		
Yes Yes	service) WW T	" None	Hospital Recor	ds, VAH, Perry	Point, Md.
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
		Daniel	0.11 1 1	4.1.	
Immediat		Paget's disease			
19 Anteceder	nt cause(s) de	generation and ext	ension into the	pelvic fascia	
Diseases or	conditions, if any, (b)	gional nodes and l	ungs.	01 bov mads 101 br 1 11 0 1 1 441 0 100000 1 1 1 1 1 1 1 1	
	o the above cause inderlying cause last				
	(c)	Pneumonia, bronchi	al, bilateral.	Arteriosclero	sis
II. OTHER SIGNIFI	CANT CONDITIONS		ized, moderate		
related to the disea	sting to the death but not se or condition causing deat	_			
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes 🔯 No 🗆
21. ACCIDENT SUICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	rown) (cour	VTY) (STATE)
HOMICIDE	TINIT	JRY			
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?	
INJURY	m.	Work At work			
00 71 1 1	VA A A A A A A A A A A A A A A A A A A	e deceased from Feb. 12	105]	3 +051 VACOVAN	VIVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVV
22. I hereby cert	ily that it accorded the	e deceased from 1.99.	, 19.2±., tompr.±	, 1924	DOGGOOD ON ONG-VER
200000000000000000000000000000000000000	20000000000000000000000000000000000000	d that death occurred at	11:15 pm. from the	causes and on the da	te stated above.
SIGNATURA	7-1	(Degree or title)	ADDRESS		DATE SIGNED
TO TO A DIVIN	ON I D Object	Durant Com	Tratt Therese	made in	1 1 22
E.P. BRANNO	ATION DATE THERE	Professional Serv	RY OR CREMATORY	POINT, Md.	4-4-51
REMOVAL (Spec	eify)				(, , , , , , , , , , , , , , , , , , ,
DATE REC'D BY	LOCAL + REGISTRAR'S	SIGNATURE	24. NERAL DIRECTO	Alexandria, Vi	rginia ADDRESS
REG.	57 France	= 10 1.1.	Person	us du da.	ADDRESS
april 4,19	51 drave	· houghty	Dannington V. Co	TO CONTRACTOR OF THE PARTY OF T	200 1/6
// /			Pennington & So	navre de Gr	ace. Mould anda



CERTIFICATE OF DEATH

Reg. Dist. No. 9

					/	
1. PLACE OF DEAT	H.		2. USUAL RESIDENCE (HOME) OF DECEAS		
County Cecil MARYLAND			STATE Maryland Cecil			
CITY (If outside c	corporate limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corpor	rate limits, write RUR	AL and give nearest town)	
TOWN	t to North East	Rural (in this place) years	OR TOWN N	orth East	Rura 1	
HOSPITAL OR		0.000	STREET	(If rural give		
INSTITUTION OF			ADDRESS			
3. NAME OF	(First)	(Middle)	(Last)	1 4. DATE (1	Month) (Day) (Year)	
DECEASED		J.	Lindroos	OF DEATH	pril 30 151	
(Type or Print) 5. SEX	16. COLOR OR RACE	7. SINGLE, MARRIED,	1 8. DATE OF BIRTH	,	y If under 1 year If under 24 hrs	
Male	White	WIDOWED, DIVORCED, (Specify) Married	1-11-1897	58 54 yrs	Months Days Hours Min.	
10a. USUAL OCCUP	PATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT	
	working life, even if retired)	Merchant Mar		land	COUSAY?	
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME		
	a Lindroos		Mari	a W. Santal	A	
15. WAS DECEASED E	EVER IN U.S. ARMED FORCES (If yes, give war or dates	of 1	17. 1NFORMANT	- 1102022002		
(1 cs, none	service)	" 533-18-5644	Mrs Anni	e Lindroos	1	
		18. MEDICAL CEI	RTIFICATION		1,	
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	^		INTERVAL BETWEEN ONSET AND DEATH	
			P.1.1.		1 . 11	
Immedia	ite cause (a)	/ u berculous	Peritonitis		6 40476s	
Diseases or	ent cause(s) conditions, if any. (b)	Pulmonery To	berculosis	::::::::::::::::::::::::::::::::::::::	6 years	
giving rise t	to the above cause underlying cause last					
	(c)	/			1	
Conditions contrib	ICANT CONDITIONS outing to the death but not ase or condition causing deat	ih				
		FINDINGS OF OPERATION			20. AUTOPSY?	
_		-	~		Yes 🗆 No 🔣	
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN)	(COUNTY) (STATE)	
SUICIDE HOMICIDE	INJU	JRY	6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?		
			C. 3 //	.1		
22. I hereby cert		e deceased from Leb	/			
alive on	24 April, 19 51, an	d that death occurred at	ADDRESS from the	causes and on th	e date stated above. DATE SIGNED	
KI	aus H / Luchu	2 h.D.	North East	Mol	1 May '51	
23. BURIAL, CREM	ATION DATE THERE	OF NAME OF CEMETE		LOCATION (City, to	wn, or county) (State)	
REMOVAL Specific	cify) 5-2-5	l Methodist		North Mast	Maryland	
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24 FUNERAL DIRECT	OR	ADDRESS	
REG. May 2 -	.51 Sarah	En Xother mol.	Track & IR	Rom Nor	thrast Marvlan	
	187-00-00	- I VICTORIAL -			1 100 -111	
					672576	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

/S. A15



COLUMN TRANSPORTED SCHOOL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3664

	CERTIFICAT	E OF DEA	TH I	Reg. Dist. N	09.~
I. PLACE OF DEATH-	MARYLAND	2. USUAL RESIDENCE	(HOME) OF DEC	EASED COUNT	Y Caril
CITY (If outside corporate limits, write RUR. OR give nearest town) R. Mill	AL and LENGTH OF STAY (in this place)	CITY (If ourside of property of TOWN	lk. M	ills	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural, g	rive location)	
3. NAME OF DECEASED (First) (Type or Print)	(Middle)	mahaley	4. DATE OF DEATH	(Month)	(Day) (Year) 2 / 195
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Que 29,1906	1111	day If under Months.	l year If under 24 hr Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IOB. KIND OF BUSINESS OR INDUSTRY, HONEL	north Co	e or foreign country)	I	COUNTRY?
13. FATHER'S NAME	ice	14. MOTHER'S MAID	EN NAME	borne	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If year, give war or dates of service)	? 16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS	rest	T.
I. DISEASES OR CONDITIONS DIRECTLY Immediate cause (a) Antecedent cause(s)	18. MEDICAL CE	low bilitud	ohmy in	artre	INTERVAL BETWEEN ONSET AND DEATH
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat					
19a. DATE OF OPERATION 19b. MAJOR I					20. AUTOPSY?
21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OI	R TOWN)	(COUNTY)	Yes No STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY	OCCUR?		
22. I hereby certify that I attended the alive on April 19, 1951, an SIGNATURE		LL-C			
23. BURIAL CREMATION DATE	M. A	ELITY OR CREMATORY	LOCATION (City	town or a	7/23/51
REMOVAL (Specify) april 2	6.1951 Elhton	24. FUNERAL DIREC	Elkl	24	ma
DATE REC'D BY LOCAL REGISTRAR'S REGUESTIL VY	Frazes	91 W. Pate	in & Son	Elke	ADDRESS

BUREAU V. S.

CERTIFICATE OF DEATH

3665

CO.,901-3rd

SAW. Mash, DC

Reg. Dist. No ... 1. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Cecil District of Columbia MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Perry Point (in this place) Washington TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRESS Street, S. E. Veterans Administration Hospita 1123 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED FRANCIS B. MARLOW 18 (Type or Print) April 1951 DEATH 6. COLOR OR RACE 7. SINGLE, MARRIED, 2. AGE last birthday | If under 1 year | If under 24 hrs. | Months | Days | Hours | Min. 8. DATE OF BIRTH WIDOWED, DIVORCED, (Specify) Married Male Negro October 12,1905 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR I2. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? Washington, D. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin Marlow - Deceased Bertha Winton -Deceased 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) (If yes, give war or, dates of service) MM TVT Hospital Records, VAH, Perry Point, Md. Unknown 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH INTERVAL BETWEEN ONSET AND DEATH Hemorrhage, subdural, massive, left ✓ Immediate cause Antecedent cause(s) General paralysis of the insane Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19h. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes X No 🗆 21. ACCIDENT PLACE (Home, farm, factory, street, OF office hidg., etc.) (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) INJURY OCCURRED (Hour) HOW DID INJURY OCCUR? While at Not While INJURY Work | At work 22. I hereby certify that attended the deceased from 3-30 19.51, to 4-18 1951 That attended the deceased from 3-30 19.51, to 4-18 and that death occurred at 8:00 p.m., from the causes and on the date stated above. SICHAPURE (Degree or title) DATE SIGNED Professional Services, VAH, Perry Point, Md. M.D. Chief. 4-19-51 NAME OF CEMETERY OF CREMATORY | LOCATION (City, town, or county) 23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify) Arlington National 4-20-51 Arlington, Va. Remova REGUTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL ADDRESS

The Supply every item of information carefully, write the causes of death clearly and legibly. INK. UNFADING t. Physicians: MARGIN PLAINLY, WITH Us especially important.

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WRITE



WILTE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

3666

1. PLACE OF DEATH-		2. USUAL RESIDENCE (I		TY Cecil
CITY (If outside corporate limits, write OR give nearest town) TOWN HOSPITAL OR	MARYLAND RURAL and LENGTH OF STAY (in this place) 1 Day	CITY (If outside corpor OR TOWN Colora,	rate limits, write RURAL and a	~ ~ ~ ~ ~ ~
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veteran's		STREET	(If rural, give location) ra, Maryland.	
3. NAME OF (First) DECEASED (Type or Print) James	(Middle)	(Last) Miles	4. DATE (Month) OF 4	(Day) (Year) -27 19 51
5. SEX 6. COLOR OR RAC	CE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sincle	8. DATE OF BIRTH	9. AGE iast birtbday If unde	
10a. USUAL OCCUPATION (Give kind of a done during most of working life, even if reti	work 10b. KIND OF BUSINESS OR		or foreign country)	12. CITIZEN OF WHAT
James Miles	/	Torrezy Ande		
15. WAS DECEASED EVER IN U.S. ARMED FO (Yes. no, or unknown) (If yes, give war or d service) WW-11	orchs? 16. Social Security No.	Hospital Record	is, VAH, Perry Po	int Maryland
Inmediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause sating the underlying cause last	Septicemia followi	ng Acute Gangre	ne of Tongue	ONSET AND DEATE UNKNOWN
11. OTHER SIGNIFICANT CONDITION Conditions contributing to the death but related to the disease or condition causing	not			
19a. DATE OF OPERATION 19b. MAJ	OR FINDINGS OF OPERATION	*****		20. AUTOPSY? Yes No
	PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR		Y) (STATE)
TIME (Month) (Day) (Year) (Horoff INJURY	ur) INJURY OCCURRED While at Not while m. at work at work	HOW DID INJURY OC	CCUR?	
22. I certify that I took charge of the contained by said Autopsy, Inspectification: natural causes accide SIGNATURE 23. BURIAL. CREMATION REMOVAL (Specify) Participated by LOCAL REGISTRA	ion or Inquiry, find that said decent □, suicide □, homicide □, (Degree or title) ON E EREOF NAME OF CEMETE	ased died on the day state undetermined ADDRESS RY OR CREMATORY	ed above, and death in, my LOCATION (City, town, or cou Sparta, North Co.	DATE SIGNED A LA 67 nty) (State)

And the state of t

VS. Ale

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH-		STATE COUNTY	10
CITY (If outside corporate limits, write RURA)	MARYLAND L and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nonrest town)
OR give neglect town)	(in this priece)	TOWN Rivery See	acarost towny
HOSPITAL OR	- Jes	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	<u> </u>	ADDRESS Haines Buenne	
3. NAME OF DECEASED (Type or Print)	(Middle) May	Grant OF DEATH CONTROL	(Day) (Year)
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		l year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cecil Country, Maryland 12.	CITIZEN OF WHAT
13. FATHER'S NAME Cather		14. MOTHER'S MAIDEN NAME Martha Mallar	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Helen Orr Rising	Sun
I. DISEASES OR CONDITIONS DIRECTLY L	18. MEDICAL CE LEADING TO DEATH Cecite Corr	00 0	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	0 to 3 to 3 to 60 to 5 to 6		
L/2 (Antecedent cause(s)	11. laster	12101	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Agreen	VW U	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death			## 00 00 00 0 may 14 000000 0000000000000000000000000000
19a. DATE OF OPERATION 19b. MAJOR FI			20. AUTOPSY?
			Yes 🗆 No 📝
21. ACCIDENT (Specify) PLAC OF HOMICIDE INJUI	E (Home, farm, factory, street, office bidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR	
22. I hereby certify that I attended the	deceased from 4	, 1957, to 4-8, 1949, that I last sa	w the deceased
alive on 4 , 195 , and SIGNATURE	that death occurred at	ADDRESS ()	ted above. DATE SIGNED
Melwociae	u MW	Pleasing been med	4-4-51
23. BURIAL, CREMATION DATE REMOVAL (Specific	951 Hopew	RY OR CREMATORY LOCATION (City, town, or country Port Defaul, Cacil	County Md.
DATE REC'D BY LOCAL REGISTRAR'S S	Mhuiston	24. FUNERAL DIRECTOR Roll M Reed Risin	ADDRESS
			44

BUREAU V. S.
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

3668

1. PLACE OF VEATH- COUNTY COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	end
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN (In this classific the country of	CITY (II outside corporate limits, prite RURAL and riv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	ADDRESS (near) Farmington	
3. NAME OF DECEASED (First) Ed (Middle) (Type or Print) SAAE E (WAR	PIERCE OF DEATH	(Day) (Year) 2 1957
6. COLOR OR RACE 7. SINOLE, MARRIED, WIDOWED, DIVORCED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under Months yrs.	Days If under 24 hrs. Hours Min.
done during most of working life, even if retired in the structure with the structure of th	Resurgación ma	CHITZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME 10. Metaricale	on
16. WAS DECEASED EVER IN U.S. AFMED FORCES? (Yes. no. or unknown) (If yes, give war or dates of service)	17. INFORMANT PASSE Pierce	,
18. MEDICAL CE	RTIFICATION	1.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	oronary Declusion	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause		-0.04.94.00.40.94.04.04.00000.prod-44.40.40.20
920: Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last		
(e)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Nork at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes accident , suicide , homicide , homicide , signature or title)	ased died on the dry stated above, and death in my	from the evidence opinion resulted DATE SIGNED 4-9-5-1
23. BURIAL, CREMATION DATE THEREOF NAME OF GEMETE REMOVAL (Specify) 4/12/1951 Brookvile	o Cemetara Cecil Counts	md
BEG / / / REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR Red Ris	ADDRESS Md
	n as	11-11

BUTEAU V. S.
BUTEAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	0.0
· COUNTY Cecil. MARYLAND	STATE Ind. COUNT	" Cecel.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write BURAL and gi-	ve nearest town)
OR give nearest town)	TOWN FI Fund her El	place
HOSPITAL OR	STREET (If rural give location)	2 1
INSTITUTION OR STREET ADDRESS / Mon	ADDRESS () () 3	ma
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED	of OF O	0 -
		1 year II under 24 hr
WIDOWED, DIVORCED, (Specify)	Dec 2, 1871 79 yrs. Months.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during prost of corking life, even if retired)	11. BIRTHPACE (State or foreign country)	COUNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	703
Hoffman	Hyde	and the second s
15. WAS DECRASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMAND AND ADDRESS	
service)	mrs Corita Love	
A MADICAL CO	DATE OF THE OWNER	1.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
9. 1. 2. 1		
Immediate cause (a) thereby are	ensiterse seus	Shoul Glass
450,0.	A	
Antecedent cause(s)	· (it as the)	1. 1
Diseases or conditions, if any, (b)	a wich muly squy me	6 yeers
giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.	t. love lyte	4 weeks
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	HOW DID INSCRI OCCUR.	
INJURY m. Work At work	A 1	
22. I hereby certify that I attended the deceased from	1951 to April 9 1951 that I last a	ow the december
A 1		
aliye on 1 2 9 , 19 1, and that death occurred at	m., from the causes and on the date st	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
IN OH HELLE A. HO	FORE. IN INC.	
J. (Children Dame J. 7.11.	DV OD CONTACTOR (C)	19/95
23. BURIAL CREMATION DATE NAME OF CEMETE	RY OR CREMATORY LOGATION (City, town, or coun	ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 11 Fletaur	Hus Piphing) elec. POL	to hel
was in the second	11.10.1 grand for the	100,110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



The correct age

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3670

1. PLACE OF DEATH COUNTY	Cecil	MARYLAND	2. USUAL BESIDENCE (I STATE Maryl	and	COUNTR	altimore	
OR give nearest TOWN	Perry Polr	it I Mo 7 Days		imore		7	611
HOSPITAL OR INSTITUTION OF STREET ADDRES	Veterans Admi	nistration Hospit	STREET aladdress Smith	Ave., Mt. Wash	ingto	n,Balti	nore
3. NAME OF DECEASED (Type or Print)	(First) Stuart		(Last) TTER	4. DATE (MOOF DEATH Apr	onth)	(Day)	(Year) 1951
6. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 5-14-04	46 ym.	If under I	year If unde Days Hours	Min.
done during most of w		INDUSTRY UNKNOWN	Baltimore, M	ld.	12.	CITIZEN OF	WHAT
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME			
	UNKNOWN		. UNKNOWN				
15. WAS DECRASED EV (Yes, no, or unknown) ICS	(If yes, give war or dates of leervice)	16. SOCIAL SECURITY NO. UNKNOWN	Hospital Reco	ADDRESS ords, VAH, Pe	erry P	oint, M	d.
		18. MEDICAL CEI	RTIFICATION			INTERVAL BI	
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			149	ONSET AND	DEATE
		DISSECTING AN	EURYSM		-19.1	1 Day	
Immediate 45/X Anteceden	it cause(s)	ARTERIOS CLEROS	STS (0 - 40 T - 40 T - 00 T - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		9	PRO10017-110
giving rise to	conditions, if any, (h) to the above cause inderlying cause last	ALCI MICEO OMMINO					
11. OTHER SIGNIFI Conditions contribu	(c) CANT CONDITIONS Iting to the death but not se or condition causing death			b /		· ·	122
		INDINGS OF OPERATION		•		20. AUTOP	SY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR 1	rown) (C	COUNTY)	(STATE	(i)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CURT			¢
	NON M.D. Chie ATION DATE THEREO My) L-11-51 LOCAL REGISTRAR'S	Baltimore N.		Perry Point Cocation (City, town	Md.	deted above. DATE SIG	NED
7 -7 /	- Harena	in a wynary	1. Traine II. Mene	TT TTVG2 ATT	The Mile	A.	-



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. RESERVED FOR BINDING MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

3671

Reg. Dist. No. 94

490636

1. PLACE OF DEATH MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
OR given to the Carl Lunal (In this place)	CITY (If outside corporate limits, write RURAL and give neerest town) OR TOWN OCCULATION
HOSPITAL OR INSTITUTION OR STREET ADDRESS	ADDRESS 26-11 Elicial, give location) a furr.
3. NAME OF DECEASED (First) LOUIS RO	
5. SEX M. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOVERED DIVORCED	8. DATE OF BIRTH 8-18-18-18-18-18-18-18-18-18-18-18-18-18
done during most of morking life even lifetired Troustay of Tourness on	11. BURTHULACE (Santa or foreign country) 12. CITIZEN OF WHAT COUNTRY?
John G. Abarson.	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMES FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, the west or dates of service)	Mrs anna Roserson Balto Med
18. MEDICAL CE	ERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	ed nech: Crushed
8/6, S Antecedent cause(s) Diseases nr cooditions, If any, (b) left side	of check. Lacerated
170 c stating the underlying cause last (c)	er Lee the pushed back.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(COUNTY) (STATE)
PRIMARY For CONTRIBUTING OF the bldg. C. 40	north Carl Rural Ceril Md.
TIME (Month) (Dey) (Year) (Hour) INJURY OCCURRED OF Not while INJURY 2 17 1961 2 m. work at work	Hit rear of Practor Trailor Truck
obtained by said Autopsy, Inspection or Inquiry, find that said dece	Autopsy , Inspection , Inquiry thereon and from the evidence cased died on the day stated above, and death in my opinion resulted
from: natural causes [], accident X suicide [], homicide [], SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Der Rle Docton DME	Olising Sun Mid. 3-17-51
23. BURNAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 4/19/5/	the Cent Bothmore Mis
REG. 10-51 Sarah E. Retremel	24. FUNERAL DIRECTOR ADDRESS

BUREAU V. S.

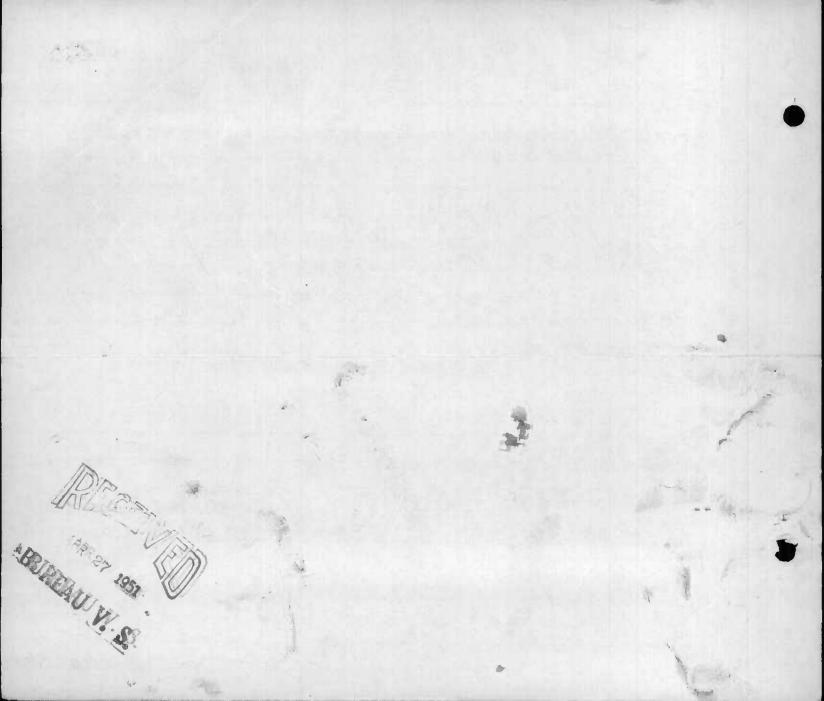
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

3672

	FOR MEDICAL	EXAMINERS	Reg. Dist	. No. 7.2
1. PLACE OF SPATH. COUNTY Cell	MARYLAND	2. USUAL RESIDENCE (H	IOME) OF DECEASED.	merset
CITY (If outside corporate limits, write RURAL a OR gite realest two)		OR TOWN DLC	ite limits, write RUBAL an	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural, give locatio	n)
3. NAME OF DECEASED (SON (First)	CIDELL	RVLE	4. DATE (Month) OF DEATH 4	(Day) (Year) 25 1957
· · · · · · · · · · · · · · · · · · ·	SINGLE, MARRIED, VIDOWKD, DIVORCED, (Specify)	5-11-1922.	28 yrs. Mo	nder 1 year If under 24 hrs.
done during most of working life, even fretired)	KIND OF BUSINESS OR	Scottsnille	Kentuck	12. GITIZEN OF WHAT
Elbert Ryle		14. MOTHER'S MAIDEN	Webster	
(Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT Elbert	- Ryle	
I. DISEASES OR CONDITIONS DIRECTLY LEA	18. MEDICAL CE	1	A sile	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a)	rushed C	Chertbo	maure.	
Antecedent cause(s) Disease nr conditions, if any, giving rise to the above cause stating the underlying cause last	raiture	Base of	skull.	***************************************
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not				
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FIN	DINGS OF OPERATION			20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY OF CAUSE OF DEATH.	Horne, farm, factory, street,	Eletor	Veural Ce	
TIME (Month) (Day) (Year) Haur) IN	JURY OCCURRED hile at Nnt while tork at work	Car Tune	dorer thew	them out.
22. I certify that I took charge of the remains obtained by said Autopsy, Inspection or, In	iquiry, find that said dece	ased died on the any state], Inquiry [thereon and above, and death, in	and from the evidence my opinion resulted
from: natural causes , accident X, SIGNATURE	Swicide , homicide ,	ADDRESS,	Luchy,	DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify)	- 0	RY OR CREMATORY	LOCATION (City, town, or	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIG		24. FUNERAL DIRECTO	OR & S.	ADDRESS



VS. A15

826

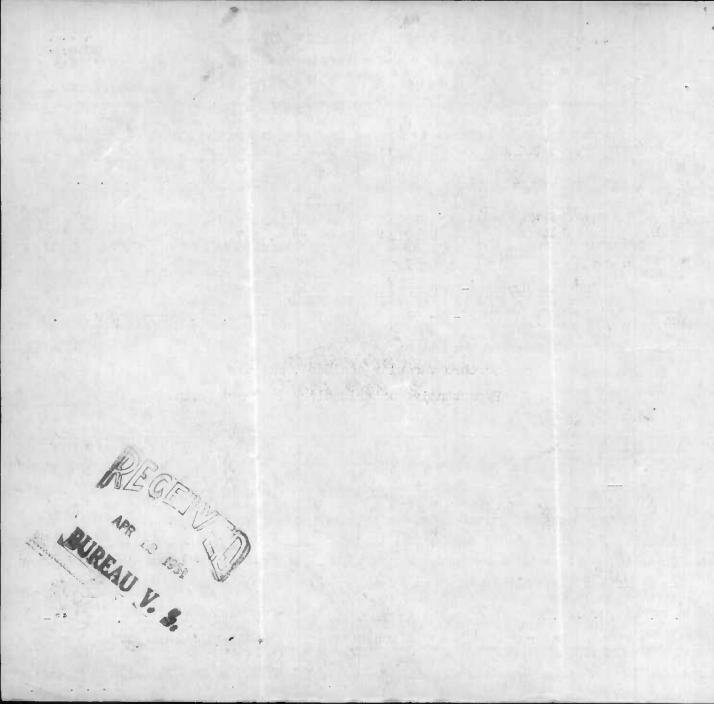
The correct

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

/				
1. PLACE OF DEATH COUNTY	Cecil	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED District of Columbia	TY
OR give nearest	town)Perry Point	AL and LENGTH OF STAY (in chis diace)	CITY (If outside corporate limits, write RURAL and on Town Washington	give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES	R SS Veterans Adm	inistration Hospi	STREET (If rural, give location)	6. E. L
3. NAME OF DECEASED (Type or Print)	(First) WILLIAM	(Middle) B•	(Last) 4. DATE (Month) SAUNDERS DEATH April	(Day) (Year) 11 1951
Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARY 100	repruary 5, 1091 54 yrs. 1	or 1 year If under 24 hrs.
done during most of w	ATION (Give kind of work vorking life, even if retired) ETVISOT	10b. KIND OF BUSINESS OR INDUSTRY Naval Gun Factory	Virginia	12. CITIZEN OF WHAT USA
13. FATHER'S NAM	Robert Saund	ers - Deceased	14. MOTHER'S MAIDEN NAME Carile Schowalter	
(Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates of leervice) WM T		Hospital Records, VAH, Perry Poi	nt, Md.
		18. MEDICAL CE	RTIFICATION	
	ONDITIONS DIRECTLY			INTERVAL BETWEEN ONSET AND DEATE
Immediate		Cerebro vascular	accident, massive	
Diseases or e	of cause(s) conditions, if any, (b) the above cause inderlying cause last	Hypertensive arter	riosclerotic heart disease	
	(c)			1
Conditions contribu	CANT CONDITIONS uting to the death hut not se or condition causing deat	h.		
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION		20. AUTOPSY? Yes No X
21. ACCIDENT SUICIDE HOMICIDE	OF INJU		(CITY OR TOWN) (COUNT	Y) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certi	ify that X attended the	e deceased from March]	L3, 19.51, to April 11, 19.51, xxxxxxx	approportion and a second
SIGNATURA	2	(Degree or title)	2:20AM, from the causes and on the date	stated above. DATE SIGNED
23. BURIAL, CREM. REMOVAL (Spec	ATION DATE THEREO	ief, Professional S F NAME OF CEMETE Arlington N	RY OR CREMATORY LOCATION (City, town, or cou	4-11-51 nty) (State)
DATE RECEIVEY	LOCAL REGISTRAR'S	SIGNATURE Luite	W.W. Chambers &	ADDRESS
		12	W.W.CHAMBERS CO., 1400 Chapin St	.N.W.Wash.DC



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) HOSPITAL OR 1. PLACE OF DEATH- COUNTY MARYLAND LENGTH OF STAY (in this place) OR TOWN STREET (If rural, give location)	ecil rest town)
OR give nearest town) Seleton (in this place) OR TOWN Worth Sast	rest town)
HOSPITAL OR INSTITUTION OR 226 W Man St. STREET ADDRESS (If rural, give location)	
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day (Type or Print) Martha T Scotter DEATH	195
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 1. SINGLE, WIDOWED, WIDOWED, DIVORCED (Specify) 1. SINGLE, WIDOWED, WIDOWE	If under 24 hrs Illours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or 11. BIRTIIPLACE (State or foreign country) 12. CITI COUNT	TRY? WHAT
13. FATHER'S NAME Benjamin & Reynolds 14. MOTHER'S MAIDEN NAME Climateth Slagle	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) 16. Social Security No. (17. INFORMANT AND ADDRESS (Yes, no, or unknown) (If year, give war or dates of service)	Tool med
	ERVAL BETWEEN SET AND DEATH
Immediate cause (a) Uremia	10 days
Diseases of conditions in any, (b) as a more in the condition of the condi	omos
97 giving rise to the above cause stating the underlying cause last (c) MA/19NAUT Hypertension (c)	LOWC
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
	AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) (CITY OR TOWN) (COUNTY) INJURY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While Work At work	
22. I hereby certify that I attended the deceased from JUNC., 19.50, to IAFELL, 19.51, that I last saw the	he deceased
alive on 3/ MArch, 195/, and that death occurred at 7:/6A m., from the causes and on the date stated SIGNATURE Degree or title) ADDRESS DA	above.
23. BURIAL CREMATION DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)	hul 1851
REMOVAL (Specify) 4-4-51 The think North and	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. CEPTIL 3 PEPL COAT NOTE OF THE POPL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Depl Registrar's SIGNATURE AD THE REGISTRAR'S SIGNATURE AD THE REGISTRAR'S SIGNATURE THE REGISTRAR'S SIG	J. md

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

			Treg.	Dist. 110
I. PLACE OF DEATH.		2. USUAL RESIDENCE (F	IOME) OF DECEASE	
Lecel.	MARYLAND	STATE	Pand	COUNTY Ceal
OR give nearest town		CITY (If outside corpors	te limits, write RURA	L and give nearest town)
OR give nearest town	(in this place)	OR TOWN File	ton	
HOSPITAL OR	/	STREET	(Li rural give lo	gation)
INSTITUTION OR STREET ADDRESS Union	toapital	ADDRESS //3 &	. High s	7
3. NAME OF (First) DECEASED	(Middle)	(Last)		onth) (Day) (Year)
(Type or Print) darma	C.	Short	OF DEATH	sil 9 190%
5. SEX H S-COLOR OR RACE	V. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under I year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State o		1 12. CITIZEN OF WHAT
done during most of working life, even if retired)	INDUSTRY	7/6/m 92		COUNTRY?
13. FATHER'S NAME	- Monte Magle	14. MOTHER'S MAIDEN	NAME	10.0.0.
T 1 Sal	1.11	Elinabeth	One	
15. WAS DECEASED EVER IN ALS. ARMED FORCES?	16. SOCIAL SECURITY NO.	1 17. INFORMANT	Marci	
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If wes, give war or dates of service)	yoysound should ho	Mrs Wayen	e Rens	have
	18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LI	EADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
	20. 1- 0-	4 . 0 . 4	+ t a .	10
Immediate cause (a)	ene con	me alla		10 mm
A		1		
Antecedent cause(s) / /// Diseases or conditions, if any, (b)	teretral.	hendula	n	Lasys
√ √ ✓ ✓ giving rise to the above cause	000 0 0 0 000 0 0 0 0 0 0 0 0 0 0 0 0	-		
131a stating the underlying cause last (c)	Pardis res	al vosenle	- disian	1 years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FIL	NDINGS OF OPERATION			20. AUTOPSY?
				Yes No Z
21. ACCIDENT (Specify) PLACE OF INJUR	(Home, farm, factory, street, office bidg., etc.)	(CITY OR T	OWN) (C	COUNTY) (STATE)
	NJURY OCCURRED	HOW DID INJURY OC	CUR?	
	While at Not While Work At work			
		-15 (0)	_	
22. I hereby certify that I attended the	deceased from	19.23 to Offer	9 1957 that	I last saw the deceased
A A.		7-0		
alive on a , 195, and	that death occurred at./	II.m., from the	causes and on the	date stated above.
SIGNATURE	(Degree or title)	ADDRESS	7.	DATE SIGNED
Herbut Bale	n. N.	Eltlon	, md	apr 9.1951
23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify)		RY OR CREMATORY L	OCATION (City, town	, or county) (State)
Burial Uprill.	5/ Elplon	Jemesens	Elplon	Marulana
DATE REC'D BY LOCAL REGISTRAR'S SI	GNATURE	24. FUNERAL DIRECTO.	R	ADDRESS
REGION //	11/1/2	HOW H	66:018	Ellak Ma

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

Dr. Balea

VS. A15



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

3676

PLACE OF DEATH	Ceril	MARYLAND	2. USUAL RESIDENCE (H		OUNTY Backs G.
OR give negrest	orporate limits, write RUR town)	AL and LENGTH OF STAY (in this place)	CITY (If outside corpora OR TOWN		and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES		getal and.	STREET ADDRESS 5/8 //	(If rural, give localization of the	Orford, Par
3. NAME OF DECEASED (Type or Print)	lice (First)	Shuker	(Last)	4. DATE (Mon OF DEATH	th) (Day) (Year) 2 4 1957
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	July 26,1402	4 8 yrs.	f under 1 year If under 24 hrs. Months. Days Hours Min.
done during most of v.	ATION (Give kind of work rorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	Planna	12. CITIZEN OF WHAT COUNTRY?
C. Claytor	Biller			odley	
(Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If year, give war or dates service)	17 0 - 07 - 667 9	17. INFORMANT AND	ADDRESS Jane	bond t
I. DISEASES OR CO	ONDITIONS DIRECTLY	18. MEDICAL CE	RTIFICATION	12.	INTERVAL BETWEEN ONSET AND DEATH
Immediate	e cause (a)	Concellatory	Harlune -	Viloren Enla	eus 48 hours
1	nt cause(s)	Melastalis	Cannony	of Due	25
5 o giving rise to	conditions, if any, (b) to the above cause anderlying cause last	2/		ngunikhi n x 6 a pin na inr iprao tosobanas co s camen co nescad	***************************************
Conditions contribu	CANT CONDITIONS uting to the death but not se or condition causing dea	th.			**************************************
	RATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR T	OWN) (CO	UNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work	HOW DID INJURY OCC	CUR?	
22. I hereby cert	ify that I attended th	e deceased from May	19 49, to Capril	22, 19.X./, that I	last saw the deceased
alive on Come	1 0 1	d that death occurred at	ADDRESS from the	causes and on the	date stated above. DATE SIGNED
	Gorol f.	Congle M.	EX OR CREMATORY L	V. 10 - (April 22 /5
23. BURIAL, CREM REMOVAL (Spec	My) The	25/99 58 Julies	124. FUNERAL DIRECTO	OCATION (City, town,	motor Pa
DATE REC'D BY	LOCAL REGISTRAR'S	Trazer	74 White	in V Some	apr 25 451
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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15 M95 LAND STATE DEPARTMENT OF HEALTH Item 18 on: 132 MAY

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY MARYLAND	STATE COUNTY			
CITY (If outside corporate limits, write RURAL and OR give pearest town) TOWN (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS			
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)			
(Type or Print) George Edward	waters DEATH April 23 195%			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specity) (Specity) (Specity)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Unilbert Waters	Margaret Scott			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT			
service)	Clifton Waters			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	emorrhage secondary to 3 mas.			
Immediate cause (a)	The state of the s			
33/ X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	05:5			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	left breast - assumed nonmalignant			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	(5/15/51 akc) 20. AUTOPSY? Yes No			
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from	, 19.5/, to April, 19.5/, that I last saw the deceased			
alive on April 23, 19.5/, and that death occurred at(Degree or title)	ADDRESS DATE SIGNED			
Wallace Olienskain M. O. Ce. 23. BURIAS. CREMATION DATE THEREOF NAME OF CEMETE	cellars My RY OR CREMATORY LOCATION (City, town, or county) (State)			
REMINIAN April 28/95/ Cal	toro lealton mo			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 128/1/ Mis Frield W. Cheine	24. FUNEDA DIRECTOR Tellow Millington m			
	000100			

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (H		D. COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest bown) TOWN LENGTH OF STAY (in this place)	CITY (If outside corpora OR TOWN	1 1	L and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS	(If rural give lo	ared. 10, 19.
3. NAME OF (First) (Middle) DECEASED (Type or Print)	(Last)	4. DATE (MOOF DEATH	onth) (Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year If under 24 hr Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Lindustry 10c. Kind of Business or Lindustry	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT	men Arie	William 121.
18. MEDICAL CEI	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Chronic A	regeneration /	ax desers	a 2 years
Diseases or conditions, if any, (b). Browning	asthur		10 years
73 & giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.		88 9864 59 99 989 883 98 98 4 9 88 4 9 88 4 8 9 88 4 8 9 8 8 9 8 8 9 8 9	000000000000000000000000000000000000000
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 1 1	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR T	OWN) (C	Yes No POUNTY) (STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCC	CUR?	
22. I hereby certify that I attended the deceased from alive on April 19. , 19. , and that death occurred at	ADDRESS Clb your	causes and on the	DATE SIGNED
23. BURIAL, CREMATION DATE NAME OF CEMETE REMOVAL (Specify)	RY OR CREMATIONY L	OCATION (City, town	, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTO	R	ADDRESS

The state of the s

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

			9-
Reg.	Dist.	No	

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1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-	0 1
Cect. MARYLAND	ma	each.
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Junion Hospital.	STREET (If rural give location)	
3. NAME OF DECEASED (First) (Middle) (Type or Print) Procy	(Last) 4. DATE (Mouth) OF DEATH HOV!	(Day) (Year) 3 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birt day If under Months yrs.	Days If under 24 hrs. Hours Min.
10 USUAL OCCUPATION (Give kind of work down in the down in the control working life, eyen if retired) Industry Industry Industry		COUNTRY? US
13. FATHER'S NAME	Mary and Care	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of service) 2 1 2-01-2127	mr Carl brilliams	Elpton, mo
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cove bral Qc	cident-	3/2 day
33/X Antecedent cause(s)	rrhoga.	, 0
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c)		
If. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1 10 00 00 00 00 00 00 00 00 00 00 00 00
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from the 3.	1951, to 04013, 1951 that I last s	aw the deceased
alive on Ob 195, 195, and that death occurred at (Degree or title)	N a	ated above. DATE SIGNED
Oretrand & Storealer, ho. 8	elety hid. april	3,1951
23. BURTAL CHEMATION HATE NAME OF CEMETE REMOVAL Specify Cepter 5 Victoria 1	RY OR CREMATORY LOCATION (City, town, or count	my (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGULATION OF THE STREET STREE	24. FUNERAL DIRECTOR Son Elki	ADDRESS n, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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